

▼

12/2/2016

NOTE: (*) Asterisked Fields are Required

Date of Birth * SSN (last 4) *

Client Status

Discharge Reason *

Unable To Locate



Discharge Date *

04/28/2017



Out

Do you have health insurance? *

☐ Medicaid ☐ Private Insurance ☐ Uninsured

Required

Are you a student? *

☐ Yes ☐ No

Required

Current Education Level *

Select Grade



Required

Do you have a GE

☐ Yes ☐ No

Required

Are you employed? *

☐ Yes ☐ No

Required

Mother's Income \$ *

Required

Frequency of Pay *

- Select -



Marital Status *

- Select -



Required

Household Size *

Select Number



Required

Living Arrangements *

- Select -

Do you smoke cigarettes? *

☐ Yes ☐ No

Required

Do you use street (illegal) drugs? *

☐ Yes ☐ No

Required

Do you drink alco

☐ Yes ☐ No

Required